SALEM ROAD CORRIDOR OVERLAY DISTRICT



DEPARTMENT OF PUBLIC SERVICES AND ENGINEERING

LAWRENCE K. KAISER, P.E., DIRECTOR (770) 785-5919 FAX: (770) 785-6909 / (770) 785-6968

Application for Review of Preliminary Plat

| As required in Sec. 6.2007(12). Lem hereby requesting review | of the | |
|--|---------------------------------|--------------------------------|
| As required in Sec. 6-3007(13), I am hereby requesting review of attached Preliminary Plat for the following proposed developments Salem Road Corridor Overlay (SRCO) District. | | |
| SRCO File No(Assigned at Pre-Application Conference) | | Date/Time Receive |
| Project Name or Description: | | |
| Name/Address of Applicant or Agent if not Owner of Record (Attach Agency Form): | Phone: | |
| | FAX: | |
| | e-mail: _ | |
| Total Acreage: acres Preliminary Plat Resubmit (from Fee S (Fee must accompany this form | Schedule): | pted.) |
| Preliminary Plat Application Checklist (The following must be received and certified by the Director of Preliminary Plat will be reviewed or submitted to the Planning | | |
| This form, completed. Ten (10) copies of Preliminary Plat, signed/sealed by ap attached. [per Sec. 6-3007(13)(f) and 6-2006]. Preliminary Plat Checklist per Sec. 6-2006 signed by Property Six (6) copies of Multi-modal Access Plan, attached. [per Six (6) copies of Traffic Calming Plan, attached. [per Sec. 6-2006]. | eliminary Pla er Sec. 6-3007 | t preparer. 7(13)(f)(7)a.]. |
| When required the following must also be included: Six (6) copies of Traffic Impact Study, attached. [per Se Six (6) copies of Shared Parking Analysis, attached. [pe Six (6) copies of Signage Master Plan, attached. [per Sec | r Sec. 6-3007 | (13)(f)(7)d.]. |
| Applicant Signature/Date: | | |

In accordance with Sec. 6-3007(13)(f)(8), the Preliminary Plat will be reviewed as provided in Sec. 6-2006 and 6-2007. The applicant will be notified within forty five (45) days of the date stamped above that the Preliminary Plat is approved or disapproved, and if disapproved, the reasons for such disapproval will be noted. If notice of any deficiencies is not provided within the prescribed period, the Preliminary Plat will be deemed approved.

| Official Use Only: | |
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| Application is complete | |
| Application is incomplete. Not accepted. | |
| Applicant Notified (Date/Time/Method): | |
| Preliminary Plat is approved. | |
| Preliminary Plat is disapproved. | |
| Applicant Notified (Date/Time/Method): | |
| Letter Specifying Reasons for Disapproval Attached | |
| | |
| Account # 100-7410-323902-41 | by (Init.) |
| | |